

**Date:**

**We need more information about your request for adjustments to our cruising requirements**

Index:            Boat:

Dear Customer

Thank you for getting in touch regarding your request for adjustments to our cruising requirements due to your disability. There are just a few more things we need before we can consider this.

**Here's what you need to do next**

Enclosed with this letter is our Equality Questionnaire. Please read through this document carefully and answer all questions as clearly as possible and return it to us within 28 days of the date of this letter – please let us know if more time is required. We are unable to consider your request for an adjustment until we have the completed questionnaire and supporting documentation.

If you are completing the form by hand, once completed, please return it along with all relevant documentation to:

Equality Questionnaire BLCS  
Canal & River Trust  
Head Office  
South Pier  
Ellesmere Port  
CH65 4FW

When we receive the completed questionnaire and accompanying documentation, we will scan it and **shred any documents so please only send copies.**

If you prefer, you can scan the documents and email direct to  
[adjustments@canalrivertrust.org.uk](mailto:adjustments@canalrivertrust.org.uk)

If you are completing the form electronically then please email it, along with supporting documentation direct to [adjustments@canalrivertrust.org.uk](mailto:adjustments@canalrivertrust.org.uk)

If you need someone else to deal with the case for you, such as a health professional or advocate, then we need written permission from you to confirm that we are allowed to deal with them on your behalf.

### **What happens next?**

Once we have received and fully reviewed all the required documentation, we will be back in touch with our decision. If you don't send the information back to us, we won't be able to make any adjustment.

### **We're here to help**

If you need any help with this, please call 0303 040 4040 or email 'adjustments@canalrivertrust.org.uk'.

We look forward from hearing from you.

Please find the questionnaire below and return via email to 'adjustments@canalrivertrust.org.uk' or via post to 'Adjustments Team, Canal & River Trust, National Waterways Museum, Ellesmere Port South, Pier Road, Ellesmere Port, Cheshire CH65 4FW'. A prepaid envelope can be provided upon request

## EQUALITY ADJUSTMENT QUESTIONNAIRE

### Request for reasonable adjustment to licence conditions.

We have a specific process for making reasonable adjustments to our licence requirements if you have a long-term health condition or disability.

“Disability” is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. An impairment is “long-term” if it has lasted for at least 12 months, it is likely to last for a least 12 months, or it is likely to last for the rest of your life. For this reason, we refer to 'disability' throughout this form. When we refer to your condition we mean your disability within the meaning of the Equality Act 2010.

This questionnaire has been designed to help you tell us about disabilities or conditions and how they affect the ability to use a boat.

**Please read our FAQs at the end of this document prior to completing the form.**

We will use the information you provide to consider your request for an adjustment to the requirements of your boat licence and whether it is reasonable and meets your needs. We also ask for your permission to contact your GP or healthcare professionals – we will be in touch with you before we send any information requests to your GP to let you know that we are requesting a Doctor's Letter.

### **What you need to do:**

- 1. Answer all the questions on this form.** Please use black ink (as this helps us to ensure your form scans correctly) and write your answers as clearly as possible. If a question doesn't apply to you, please write this on the form.
- 2. Send us the latest copies of any relevant documentation from a health professional that explains diagnosis or condition and how these affect the ability to move your boat.** If the information that you already have is not up-to-date (within the last 12 months), we may ask for further detail. We may be able to help with any cost associated with obtaining new information from your GP or healthcare professional.

Documents that may be useful:

- Relevant letter or medical certificates that include details of the diagnosis of the condition from a GP or other healthcare professional
- reports, care or treatment plans from your GP or other healthcare professional.
- Your certificate of *vision or sight* impairment
- other relevant medical certificates



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- GP or healthcare professional appointment letters for current/future appointments
- Screenshots of your NHS app

Documents we don't need:

- General information about medical conditions that are not about you personally (for example fact sheets and internet printouts)
  - Photographs
3. Send your completed form, and any other information to Canal & River Trust, National Waterways Museum, Ellesmere Port South, Pier Road, Ellesmere Port, Cheshire CH65 4FW

If you need help filling in the form, you can:

- ask a friend, relative, carer or representative (such as a support worker) to help you
- get in touch with the Waterways Chaplains via their website [Contact us - Get help on the Waterways -](#)
- ask us for help - call Customer Services on 0303 040 4040 – The welfare team may not be able to assist immediately

If you need more than the space provided to explain your circumstances, you can write on the back of the pages in this form. If you send us any documentation in support of your request, please make sure you put your name, boat name and index number on each page.

If you don't fill in and return the form to us we may continue with our standard processes, including enforcement action.

#### About you/the person needing the adjustment

Title	
First name	
Surname	
Postal address including post code	
Phone	
Mobile	
Email	
Date of birth	

Tell us about your boat(s)?

If you have more than one boat, please complete the details of your main or primary boat in these boxes, then give the same details of the other one/s on the back of this form.

Boat index	
Boat name	

Tell us how you use your boat. This helps us understand the affect that any adjustment may have on the network.

My boat is my permanent home	
My boat is a secondary home when I'm not at my main residence	
I use my boat in my leisure-time	
I use my boat for holidays	
Other (please explain)	

Please tell us about what heating and waste disposal systems you have on your boat and what tasks are involved.

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### **Tell us about the disabilities or conditions**

These questions help us understand your conditions. If you need more space, please use the back of the form.

Disability or condition of the person you are caring for	When was it formally diagnosed? (if you have a letter confirming the diagnosis please send us a copy)

### **Tell us about how the disability or condition affects you**

In this section, tell us about the things you find difficult. If your disability or condition means you find the things such as lock ladders, swing bridges, manual boating task etc difficult, then please explain the difficulties experienced.

Please let us know whether you need medication, aids or appliances (for example walking stick, walking frame, manual or electric wheelchair) to do any tasks or how your disability or condition means you can't do them at all. (If you need to give us more detail please write on the back of this page).



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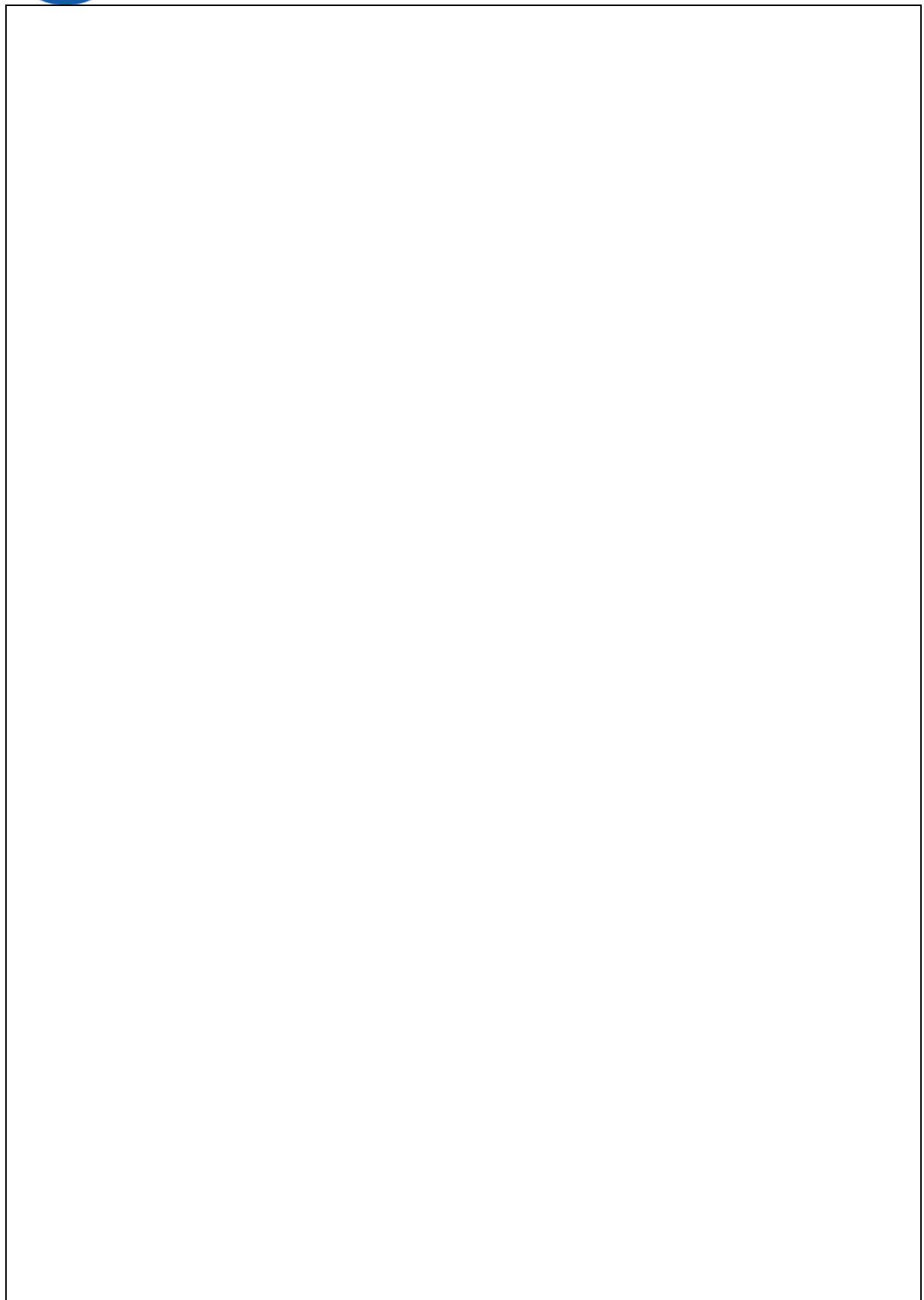
This helps us understand how your ability to continuously cruise is affected by your condition





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### Tell us about what access to transport you have

Do you have access to transport other than your boat?

Tell us about the transport you use to go about your day (for example to go shopping) and how you get to your medical appointments. If you have any help and support to use transport tell us.

### Tell us about the treatments you are having

Use this section to tell us about any hospital, clinic or other treatments or therapies, like dialysis or rehabilitation treatment you are having or expect to have in the near future. This helps us understand your need to be in a particular place at a certain time.

Treatment	Location	How often do you have treatment?	Start date

### Tell us about your support network

Tell us about the current support you have from family, friends or professionals

Tell us about the adjustment you would like the Trust to consider making to your licence. This helps us to consider your request in relation to the information you have given us about any disability or condition. Please let us have the following information.

- If you need to reduce your cruising range, please tell us how far you can cruise and the reasons you cannot do more. Please tell us where between which areas you would believe you can reasonably cruise in a licence period:

- If you would need to stay longer than 14 days in any place, or you need to stay longer than stated stay times, please tell us how long you need to stay and how often.

#### About your GP/Healthcare Professional

Please tell us GP's details. If you don't know the GP's name, tell us the name of the doctor's surgery.

Doctor's name	
Surgery	
Postal address including post code	
Phone	
Email	

**Tell us about benefits you may be receiving**

An adjustment is not dependent on your receipt of benefits. However, if you let us know about any benefits you are receiving, this may support your request for an adjustment, and it may provide an opportunity for us to signpost you to additional support.

If you are not in receipt of or have not applied for any benefits, please write “not applicable” or “N/A” and continue to the next section.

Type of benefit	Has this been awarded yet or applied for?

You can check if you are entitled to claim benefits by visiting the following websites: <https://www.turn2us.org.uk/> or <https://www.entitledto.co.uk/>

**Tell us about anything else we need to know?**

If nothing else, please write “not applicable” or “N/A” and move on to the next section.

Is there somebody else that you'd like us to communicate with about this adjustment?

If you want us to deal with somebody else in relation to your adjustment request please provide their details below. This form only gives us permission to speak to them in relation to your adjustment. If you would like them to help you with other Canal & River Trust matters, please contact customer services so that we can arrange the necessary permission.

Title	
First name	
Surname	
Job title	
Organisation	
Postal address including post code	
Phone	
Email	
Relationship to you	

### Your confirmation and consent

This section of the form asks you for confirmation that you have told us everything that you need to and that the information in the form is accurate. We also ask you to confirm that we can contact your GP or other health professionals to obtain information in relation to your request for an adjustment. We will be in touch if we need to do this.

Please make sure you **tick all boxes** otherwise we will not be able to process your request and may have to return this to you to complete.

Declaration	Tick to accept
I have read and understood this form	
I have enclosed supporting letters and medical documents	
The information I have given on this form is accurate to the best of my knowledge and belief	
I consent to Canal & River Trust applying to the GP, health professionals, carers, or other persons named within this questionnaire for a medical report or other documents or correspondence which may include information about my physical or mental health or conditions	
I consent to the Canal & River Trust using the special category personal data I have provided in this form and any supplementary documentation to consider my request for an adjustment to the requirements of my boat licence	

Please sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

#### What to do next

- Ensure you have **ticked** and **signed the declaration**
- Ensure you are only sending **copies** of information (not the originals)
- Ensure your **name, index** and **boat name** are written on all additional pieces of paper

#### Either

- Send this completed and signed form to the address listed at the top of this form

#### OR

- Send this completed and signed form back to us, by email with attachments, to: [adjustments@canalrivertrust.org.uk](mailto:adjustments@canalrivertrust.org.uk)

#### What happens next :

- If we receive the completed questionnaire and supporting documents by post we will scan them and then shred them so please only send copies
- We will send an acknowledgment that the documents have been received. We may ask for further information from you if we have not received all documentation
- We may need to contact your GP or other people you have listed for further information. If this is the case, we will inform you and a copy of the letter we send to them will be sent to you. They may contact you to check that you are happy for them to write to us with the information we have requested, please ensure that you give them the necessary consent to avoid any delays in dealing with your request
- Once we have received all the information we need, we will consider your request for an adjustment – this can take some time so please be patient
- We will write to you to confirm our decision
- If we are unable to agree the adjustment you have requested, you will have the ability to ask us to look at this again and we will give you more information about what you need to do.
- We may invite you to attend a face-to-face assessment with a third-party assessor (as detailed in our Equality Policy).

## Privacy statement

At Canal & River Trust we take the safety and security of your personal information seriously and comply with the General Data Protection Regulations. Canal & River Trust are the data controller for the information you provide on this form. You can contact our Data Protection Officer at [Information.Request@canalrivertrust.org.uk](mailto:Information.Request@canalrivertrust.org.uk) if you have any concerns regarding how we will or have handled your personal data. You can find our full privacy notice on our website: <https://canalrivertrust.org.uk/cookie-and-privacy-policy>

We will be using the information which you supply on this form for the purpose of deciding what adjustment can be agreed in accordance with our duties under the Equality Act 2010, and this is necessary to perform a public task. We will not share this information with any third parties unless other laws or regulations make it necessary to do so. We review the personal data we hold on a regular basis. If we conclude that certain personal data is no longer needed, that personal data will be destroyed.

## Equality questionnaire FAQs

### What do you mean by disability?

“Disability” is defined in the Equality Act 2010 (“the Act”) as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities. An impairment is “long-term” if it is lasted for at least 12 months, it's likely to last for at least 12 months, or it is likely to last for the rest of a person's life.

### Why do I have to fill out a questionnaire?

It's vital you tell us as much information as possible to help us to give you the right adjustments. We can only support you if we know what's causing you difficulties. Your information may also highlight where you need extra support and/or benefits. Sometimes, we can put you in touch with other agencies who can help too.

### Do I need to fill it all in?

Please fill in as much of the form as you can. The more information you provide, the more we're able to make the best adjustment for your circumstances. If a section of the form isn't relevant to you, just mark it as 'not applicable' or 'n/a'.



## **Is it going to cost me money to send in, and is my information secure?**

A prepaid envelope can be provided if requested.

Questionnaires are returned to a central office, so our team can deal with them confidentially. Once we receive them, your documents are scanned to a secure location with restricted access, and the documents are shredded so do not send originals. We review the personal data we hold on a regular basis. If we conclude that certain personal data is no longer needed, that personal data will be destroyed.

You can read more about this in our [privacy policy](#).

## **Who's reviewing our information?**

All information is reviewed internally and in strictest confidence by an independent internal group, which may include welfare, boating, and legal colleagues.

It's important to give you the right support for your situation. To do that, we need to know how affects you so we, sometimes with independent experts advice, can make appropriate adjustments. We do not question your diagnosis, but we need to know how it affects your ability to cruise .

## **You list a lot of medical documents, do I have to send them all in?**

No, we've included a list to help you identify the types of documents that help us, but we realise you may not have all of them, and it's up to you which ones you share with us. However, we need enough information to confirm the disability you have and any details about how this affects you.

## **Will you pay my cost to get the medical evidence?**

No, we're only asking you to fill out the questionnaire and supply copies of information you already have. If we do go on to ask for more specific information, we will request this via the GP/Medical Professional and pay a reasonable fee.

## **Why are you asking me about things not related to my use of the waterways?**

We're trying to get a full picture of your general routine and what adjustments could help you to remain cruising on our waterways.

## **Why do you ask about benefits?**

There may also be benefits you are entitled to that you might not be getting yet (such as housing benefit for your licence) and the questionnaire can flag these up.

## **I have a blue badge which confirms I have a disability, why do I still need to fill in the questionnaire?**

The blue badge doesn't necessarily demonstrate that you will have difficulties with meeting the continuous cruising requirements.

## **Will I have to fill this in every year?**

No. If you are not meeting your cruising requirements of your adjustment, we will send a simplified review questionnaire.

## **How do I access my NHS app?**

You can find the link to access your NHS app here [Log in - NHS App Online](#) or download from the app store on your smartphone.